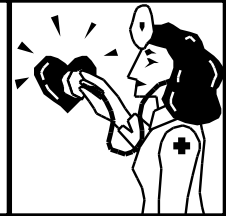


The Pulse

Volume 3:4 September 2010



California Hospital School of Nursing Alumni Association
PO Box 88585
Los Angeles, CA 90009

President's Message

Have you ever done DOT-TO-DOT? It was my favorite paper –pencil task when I was young. It was like a treasure hunt, and only when it was completed did you see the whole picture. How does that relate to the Alumni? Let me tell you a story; I always have lots of stories! Last April (2009) I received a phone call from Carol Padlina Rawl, Class of 1954, who now lives in Florida. The first question was, could she order a cape and cap? When I explained that that would be impossible, she said that she had wanted them for the Museum of Medical History in Florida. I promised her I would bring up her request to the Alumni during Homecoming, but if you were at Homecoming 2010, you know that didn't happen. In follow-up, I called Carol back and what a wonderful connect-the-dots moment! She gave me the name of the Doctor in charge of the museum: Dr Roger Scott. What a wonderful conversation! Dr Scott is a retired surgeon and had worked with Carol's husband. The museum is located in Edison State College, in Fort Meyers, Florida and has been a work in progress since 2001. It has grown from a closet, to a room, to gain recognition from the College (soon to become a University). Dr Scott is very excited about the medical field items that are



already in the museum, but is looking forward to including nursing items in the display. He has deep respect for the profession of nursing, and remembers when nurses stood up to give doctors their seats as "just wrong". Of course, that was the practice of the time. Does anyone have any cape or cap, or any other nursing items to donate to this museum? Would any of the Class of 1954 like to support Carol and Dr Scott? They would gladly accept loaner items also. If you go to their website,

<http://www.edisonedu/museumofmedicalhistory/>, you will understand the history. So how are the dots connected? We are connected with Florida because of our alumni Carol Padlina Rawl. We are connected with the California Hospital Legacy Foundation via of Barbara Jury and Margaret Souza. We are connected with the Western Conservancy of Nursing History via Diane Hara and Margaret Souza. We are connected

to CHMC's NICU via our knitted and handcrafted items, and to the ED via our clothing donations. We are connected by Sharon Sekhon to both California Hospital Medical Center and Azusa Pacific University by her creative displays. We are connected to all the Alumni, via their national and international mailing addresses. And most recently, we are con-



nected to each other by the publication of the book, "Nurses of Los Angeles: Uncapping the Mystery." Do you see the big picture? I do!

Joyce (Scheffel) Jacob)

Class of 1960

3204 Canal Point Road

Hacienda Heights, CA 91745

(626) 333-5155

joyceajacob@aol.com

The first edition of "Caring, Making a Difference One Story at a Time", was collected and compiled by Terry L. Beam and Joyce A. Johnson, with Editor Karen B. Casady is sold out. The second edition can be obtained from Amazon.com. Search: "Caring, making", and it will pop up. Price is \$9.95 and shipping is free if your total order is ≥ \$25. Another new book is just out, "Nurses of Los Angeles: Uncapping the Mystery" written by Cynthia Broze, NP, MSN. This book details the history of nurses in Los Angeles from 1856 to the present. It contains more than 400 historical images and included is the history of California Hospital. On page 248 is an article about Barbara Jury and on page 249 is an article about Joyce Jacob. It is an excellent book about nurses in Los Angeles. The book is available at www.nursesoflosangeles.com.



For questions regarding current addresses/Mailings, contact:

Elvy Gustafsson (CHSN Secretary) at (626) 281-4631

311 N. Almansor Street, Alhambra, CA 91801

or email at: elvy@IBTnet.org.

Cruising the web looking for things CHSNAA related? Check out the web *Archive* located at www.chsnarchive.org and with over 1,000 records to date, including portraits, candid shots, personal correspondence, marketing material, and curricula related to the School of Nursing. The design of the *California Hospital School of Nursing Digital Archive* is under the direction of the Studio for Southern California History, a nonprofit dedicated to Southern California's social history, and the Alumni Association.

Archive is under the direction of the Studio for Southern California History, a nonprofit dedicated to Southern California's social history, and the Alumni Association.

Reminiscences of Patients & Doctors I Have Known

Dr Kenneth L. Senter

He was a family doctor and lived across the street from us in the small New Hampshire town. I recall his delivering my younger sister at home, as was common in those days. He had a kind face and a huge gray mustache. His attire always seemed to be black. The selection of such an ominous color did not deter the affection and loyalty of his many patients. He was also portly—his abdominal girth being such that he could not wedge himself behind the wheel of his automobile. There was a live-in driver, slightly less portly, who was available to drive the good doctor to his appointed tasks, day or night.

My father had a 1930 Essex sedan, and one evening my sister and I were enjoying the ride standing up in back. No seat belts in those days! At an intersection, we collided with another vehicle. My 4 year old sister and I were catapulted over the front seat and ended up under the dash. We were not injured, but a concerned father took us both to the doctor for evaluation.

The old doctor bent over toward my sister and said, "Patricia, how are you? I hope you're not hurt."

Patricia responded, "No, Doctor, I'm not hurt, but you had better look at my brother. I think he wet his pants!"

He did, and I had.

Another time, he had incised and drained an abscess on my foot—apprising me of the forthcoming discomfort with gently reassurances. Here was a man giving great service, respected and loved by all—surely a man to emulate.

My first patient lived and died before I went to medical

school. The year was 1943, and I was a Navy corpsman. The young sailor had been horribly burned in the explosion of an ammunition barge. He had incurred 2nd and 3rd degree burns over his entire body areas were the plantar surfaces of both feet. Even the globes of his eyes were blackened. Yet he was conscious and could only whisper when I first saw him. I was instructed to draw blood, a task in which I failed. The Navy doctor performed a femoral venipuncture successfully. Despite massive fluid replacement, the patient died several hours later. Death was still a stranger to me then, and the feeling of frustration and helplessness was crushing. Someday, I hoped I would be able to do more.

In medical school, I gravitated towards surgeons and surgery. There were early lessons learned in the operating room. I was scrubbed in with a surgeon who was the greatest guy outside the operating room, but a demon inside. The scrub nurse passed him a faulty hemostat. He cursed, threw it down, and got another. Then a second sticky hemostat. "Damn it! Give me one that works!" He yelled. Then, a third time! It was not this nurse's best day.

He winced and grimaced and flung the guilty instrument across the room. And then, with his frustration not fully vented, he turned and strode rapidly to the sterile wash basin filled with water and bloodied instruments. A well placed kick sent the basin, water, and metal flying. The basin landed with a crash, and we all watched fascinated as it rolled across the room. Then the great man strode back to his patient's side and recommenced his operative ministrations. My first thought was one of empathy for the surgeon. And then, what a fool! What a complete ass! I vowed then always to make a real effort at self control, especially when in the operating suite. The lesson was reprinted when I was fourth assistant at a total gastrectomy. At the end of four hours, grasping a retractor without any visualization of the operative field and with my nose buried in the surgeon's perspiring axilla, and muscles in my arm, shoulder, and back screaming for relief, I felt I could go on no longer. I wanted to call my mother. At that precise instant, the surgeon suddenly turned and flattened my nose with his elbow. The blow struck me to the floor along with the clatter of the retractor—a moment etched forever in my memory. And my hero the surgeon, glared at me and said, "You—you've contaminated my elbow!" For a brief moment, I questioned the wisdom of pursuing a surgical career.

During my first year of surgical residency, I found myself on Emergency Room assignment late one night. The nurse called me to see an elderly, fragile-looking lady wearing a flowered straw hat and holding a cat.

For questions regarding the Treasury, contact:

Lucinda "Cindy" Westhafer (Treasurer) at (310) 216-1586

7050 Kittyhawk Avenue, Los Angeles, CA 90045

or: lwesthaf@ucla.edu

Page 3

"She won't tell me what the trouble is," the nurse said.

"Are you a doctor?" the patient queried with a suspicious glance.

"Yes, I'm the doctor on call."

"Well," she said, "Are you a talking doctor or a cutting doctor?: and before I could answer, "I don't want any cutting doctor!"

I assured her that I could be a talking doctor if the occasion required. Fortunately, her problem was not a cutting one.

There was another little old lady with a bloody scalp and clothes soaking wet. Same ER, same lat-at-night hour. What had happened? What injury had befallen her?

She told me how she had been seated in her bathroom, doing her business, in an old apartment house there in South Boston—one of those places where the water reservoir for the flush was an overhead zinc-lined wooden cabinet.

"Well, there I sat," she said, "And when I was finished, I pulled the chain, and the whole damn thing came down on my head!"

During my fourth year of surgical residency, I lost a patient, and suddenly the awesome responsibility of surgical practice was acutely defined. The death of a patient had always been a sobering experience for me, but somehow there had been other factors operative—circumstances that seemed to lessen my role when failure eventuated. This time I was devastated. The elderly man had been admitted with massive hemorrhage from a gastric ulcer lying in proximity to the cardia. After his resuscitation, I was able to operate, control the bleeding, and perform a resection. Because of an error in surgical judgment and technique, the patient died.

My chief resident (considerably older and more mature than I) was aware of my grief and depression. He took me aside the next day.

"Ken," he said, "Let's you and I have a cup of coffee."

Very patiently and empathetically, he talked to me, acknowledging my responsibility in caring for the old man but giving me a priceless perspective.

I unloaded on him, and told him that if he or one of the staff men had done the procedure, the patient would still be alive. He agreed that maybe this was true, but no one could be sure. He told me that, if I had done my very best with the knowledge and experience available to me at that stage of my training, then I

would have to live with that. Further, that I had other patients waiting for my help that day and for all the days to come, that I owed them a confident mind and a steady hand.

I have been ever grateful for his thoughtful advice. If, at the end of the day, one can say, "I did my very best," the emotional peace can be sustaining. Always doing one's best is the challenge, and patients are the precious recipients of that best.

This same chief resident was a valuable mentor in so many ways. He taught me by example how to remain cool under fire. He seemed always to maintain his equanimity under extremely difficult conditions associated with critical disease, all the while making quiet but relevant comments concerning technical procedures in the operating room.

Many patients evolved into good friends. One day, I examined a male who had noticed bloody mucus in his stool. Rectal exam confirmed the presence of a large exophytic and fixed mass which, on biopsy, was carcinoma. The lesion was the largest rectal neoplasm I had seen. Yet after pre-op radiation, it regressed to a mere movable nubbins. He has remained well, following abdominoperineal resection, to this day—some 25 years after surgery. His gratitude for my efforts had included a case of wine at every Christmas and periodic luncheons at Little Joe's before I left Los Angeles. I called him the other day—he is still going strong!

Association with some patients was transitory, but memorable. Another man didn't do as well with his carcinoma of the rectum. His disease was very advanced, and surgery consisted of a colostomy. His spirit was indomitable. An ex-Marine, he had been nose gunner on one of two B-24 bombers that first made a reconnaissance flight over the Japanese base at Truk in the South Pacific in World War II. He showed me one of the original photos and related how he had depressed and fired his twin fifties (machine guns), knowing well that at his high altitude it was just a token gesture.

In another instance, the contact with a patient was again brief but well remembered. It was on a flight from Barcelona to Algiers back in the 70's. The plane was being tossed about violently in a storm. The stewardess called out in Spanish, then in English, "Is there a doctor on board? We need help." I responded and was led to an attractive young woman who was wide-eyed and gasping rapidly. Her hands were stiffly splayed in typical carpal spasm, and her pulse was racing. Paroxysmal auricular tachycardia with hyperventilation? It seemed likely. Carotid pressure did nothing. I called for a paper bag. The stew-

ardess handed me an emesis container which I affixed over the lady's nose and mouth. With limited French, I encouraged her to breathe into the paper bag. The pulse began to slow, and she became more and more relaxed. When we arrived at Algiers, there was an ambulance waiting. She was fine by that time. I stayed with her until they took her away. Meanwhile, all the other passengers had deplaned and disappeared into the terminal. Security police escorted me off the airfield in the company of several Russians who had been segregated from the other passengers. That particular year, Algeria and the US had no diplomatic relations. The following morning, I had to register with the Swiss Embassy which acted as the US agent. Russian and Algerian flags lined the streets, and that afternoon I witnessed Kosygin's motorcade as it drove through downtown Algiers.

I remember another case: she was 23 and a lovely Las Vegas showgirl. Pretty blue eyes, with a long-limbed gorgeous figure. A mass in her breast was the problem. Biopsy disclosed a malignancy. In those days, a radical mastectomy was the standard procedure, and with defiant bravado she consented, albeit without much support from family and friends. Her parents had informed her that God had visited his wrath upon her because of her sinful ways. Her friends tried unsuccessfully to entice her to Tijuana for rhubarb juice and emollients. After the fact of her surgery, they admonished her for having permitted "those butchers" to ply their trade. There were regional metastases, and radiation therapy was begun. The radiologist and his wife befriended this lost soul and found employment for her in the hospital. In this setting, she found a coterie of new friends—people who came to love and encourage her. She, however, knew what lay ahead and selected and purchased her own coffin. She died, to the great sadness of those of us who knew her. It seemed that in those last days, she had a quiet mind and anticipated final relief from her anguish. I am reminded of the words that Anne Boleyn wrote after her death sentence in 1536: "Death! Rock me asleep. Bring on my quiet rest."

Another patient, this little fellow was born with a huge omphalocele. An initial Gross procedure was performed, covering the defect with skin mobilized in continuity from the flanks and posterior thorax. Repeated upper respiratory infections which delayed subsequent Shuster Procedures wherein sialastic membranes fixed laterally to the displaced abdominal muscles were gradually drawn toward the midline. He then did well and, by the time he was in elementary school, his abdomen was flat and strong. In high school, he played in competitive sports

and went on to college. I was particularly pleased when he sent his college graduation announcement to me, and to this day, I receive Christmas greetings from him and his family.

A short time ago, back in Maine, I received a letter. The last name was familiar—a man who had been my patient and friend for many years. But this letter was from his wife. I knew that probably meant as when I had called him last year, he was in his late eighties but still working as a night watchman. I couldn't believe it. He was diminutive in size but agile of mind and body. His pleasant countenance and smile belied the tough core of the man.

As a child, he had lost both parents and a brother during the invasion of Russia in World War II. He and a sister came to the US, learned English, and worked hard. His terrible experiences during the war and the problems of finding his place in a new country and new culture were borne quietly. I never heard him complain or express bitterness. An episode in his past history told me much about the man. One rainy night in Chicago, while employed as a taxi driver, his fare held a gun to his head and demanded money. My friend gave him the cash without argument. The robber couldn't see very well in the darkness, so with gun and wallet in hand, he stepped to the front of the cab and bent over the headlight to see how much money he'd obtained. My patient slipped the car into gear, stepped on the gas and ran over the guy. The police arrived—the robber was alive but the worse for wear.

So, 35 years ago, I had resected this man's colon malignancy. And, except for a bowel obstruction secondary to an adhesive band 2 years later, he had remained well these many years. My home is the repository of many mementos of his return trips to Russia. But I treasure the memory of him and his family the most of all.

The patient was in his mid-eighties. The surgical resident had called at a late hour from the Emergency Room. He was febrile (105°), obtunded, with a tender abdomen and a palpable right upper quadrant mass. When I arrived, resuscitation was well under way with fluid replacement and IV antibiotics. Studies and his exam were consistent with a diagnosis of acute cholecystitis—probably with empyema of the gall bladder. ECG and chest x-rays were acceptable, and the operating crew alerted. On an ice mattress he cooled off a bit. I elected to do a simple drainage procedure, a tube cholecystostomy. The abdomen was prepared and draped. The anesthesiologist said, "Go." My scalpel poised, I had not touched the skin when from the head of the table the anesthesiologist said, "Cardiac arrest!"

I began closed chest cardiac massage for the asystole and, after a few minutes, the patient had reestablished a normal rhythm. Reprep, redrape. Blood pressure satisfactory. "Give it a go!" the anesthesiologist barked.

My scalpel barely touched the abdomen. "Hold everything. Cardiac arrest." By now a familiar message. Closed chest cardiac massage was again instituted. I could see the monitor. No response. Intracardiac epinephrine made no difference. "I'm going to open the chest," I said, throwing back the drapes. "Get the chest kit." A quick intercostals incision, rib spreader in place, a now fibrillating heart was compressed rhythmically against the sternum. "Paddles," I shouted. "Stand back." After defibrillation, an occasional contraction. "We're getting complexes. Keep going." We all kept going until a regular rhythm was reestablished. Now a prolonged effort to correct the hypotension. Finally, the word from the head of the table to proceed. The thoracotomy was closed, the abdomen again was prepped and draped. This time there were no more interruptions as the incision was made, the empyema drained, calculi removed, and the drainage tube placed. The old fellow did remarkably well post-operatively. I wondered how his brain had withstood those hypoxic episodes.

A few weeks later, the patient and his wife were in my office. The old man didn't say much. He had a bandage on his forehead. "How is he doing?" I asked.

"Pretty well, I think," the wife said.

"What happened to his head?"

She said, "Oh, that. Yesterday he fell off his bicycle."

Yet another male patient, also in his eighties, had undergone a similar surgery and had a cholecystostomy tube in place. No cardiac arrests had complicated his sojourn in the operating suite. He was already a bit fuzzy preoperatively. At his first office visit, he made a grand entrance into the waiting room. The receptionist had called, telling me that Mr. _____ had arrived.

"Well, send him on back," I said.

"No, you must come here and see what I see," she retorted.

It sounded interesting. I walked briskly to the reception area, and I could hear him before I could see him. There he was, a triumph of astute diagnosis and appropriate surgical intervention. He stood, somewhat disheveled to say the least, and from the fly of his pants protruded the cholecystostomy tube, at the

end of which was a bottle half-filled with bile. The whole thing attached to a green and yellow stained length of gauze bandaging held firmly in his grasp. Gesticulating wildly and trying to disengage himself from the nurse, he yelled, "Where is my doctor? My doctor is Dr Senter. Where is my Dr Senter?" I hustled him away and into my office as fast as I could. My public relations index was at its nadir that day.

A frail little Korean lady had a gastric malignancy. She had arrived in my office wan and apprehensive. Little money, no insurance. All involved in her care were persuaded to make no charges. At laparotomy, the lesion was grossly confined to the stomach and was resected. She recovered and went back to work as a seamstress in a local sweatshop. I learned that her husband and two children had remained in Korea. She, being able to speak some English, had come to the US to find work and save enough money to bring her family here. She didn't do well. Over the ensuing months, her weight loss continued, and she eventually became jaundiced. Whenever I saw her, she was always alone. She never complained and was effusive in her thanks for my efforts to help her, bowing and managing a smile. My admonition to cease work and stay with friends was invariably greeted with a negative shake of her head and a gentle, "No can. No can." Perhaps she had no relatives here. I hope she had friends. She died, and later her family did come to the country but too late for my patient to share in the joy of the reunion.

Another lady I remember was in her seventies, sitting up in bed and knitting. She wore a little bed bonnet, and her glasses were perched on the end of her nose. I had been called to see her in consultation concerning some abdominal pain. In the course of history taking, I became aware of her using some rather earthy language. I could see that the student nurse in attendance was amused. This nice little old lady using that sort of language! The examination proceeded. As the nurse prepared her for a pelvic exam, I saw it. There, high in the medial aspect of a thigh, was a tattoo: "US Coast Guard 1918."

Caring for physicians and members of their families early posed a challenge for me. I soon learned that these patients, their physician-related status notwithstanding, must be treated with the same care and objectivity as any other patient. Beware the shortcuts, the "special consideration, therein lie the seeds of disaster. I also soon learned that the presence in the operating room of a physician relative was a liability—for everyone concerned. Fortunately, most physician relatives were understanding when the point was made.

One of my most memorable professional friends was a

family practitioner. He was of the Jewish faith and had been born on a small island off the eastern coast of Turkey. He loved Turkey, he loved people of all origins. A bibliophile and student of history, he spoke 7 languages fluently. When visiting a mosque in Russian Turkestan on one occasion, he spoke in Arabic and led them in Islamic prayer. "Can you imagine," he confided, "There I was, a Jew! If they had only known!"

Shortly after I first met him, he referred to me a Hispanic patient who needed a cholecystectomy. He asked if he could "scrub in" for the operation. He didn't want to be a surgical assistant, he had just promised his patient to be with her. I was ready to make the incision when he stayed my hand and said, "I told Maria that I would say a little prayer for her." As the surgical team bowed heads, her doctor said a short prayer in flawless Spanish. Many times thereafter this wonderful man showed evidence of his love and compassion for those in his care.

My associate for many years was certified in both general and thoracic surgery. He was one of the smartest people I've ever known. But occasionally even he would encounter a problem case requiring some assistance. The patient had a lung lesion, and the question evolved—to operate or not to operate. An even greater problem was the patient's wife. She was the most garrulous, questioning, vexing woman I had ever encountered. She drove my friend up the wall. In desperation, he called a well-known thoracic surgeon in town—a colorful, bombastic fellow known for his candor, who agreed to see the patient in consultation. Later he called my associate.

"Well, I saw your patient," he said. "I also saw his wife."

"Thanks," my friend answered. "What do you think I should do with him?"

The consultant replied, "Well, if I were you, I'd open that guy's chest and sew his wife's head in it!"

Then, here's the story of another physician who distinguished himself as a member of this Medical Staff: when applying to Medical School, his scholastic record had earned him admission to one of our prestigious Schools. His application had not required photo identification. When he presented himself (to Medical School), it was noted that he was black. He was then told that there had been some mistake, some misunderstanding, and that his acceptance could not be honored. His matriculation was at another Medical School which appreciated his qualifications, regardless of the color of his skin.

This physician went on to become Board Certified in

General Surgery and a member of the Clinical Faculty at a local University. He gave support and made valuable contributions to the Surgical Residency Program here. A superb teacher, he inspired and taught us all, both student residents and contemporaries.

He was one of the last truly General Surgeons, performing equally well at tonsillectomies, lung resections, GI and GYN surgeries. While other surgeons chafed at the gastroenterologists' dominance of endoscopy, he became a competent endoscopist. All this despite sequential personal tragedies, the magnitude of which would suffice to crush most of us. I never heard him express bitterness. He was always a gentleman and optimistic. He is gone now, but will ever be well remembered.

It has been a long, at many times difficult, but rewarding journey. I would not exchange it for any other.

Submitted by Kenneth L. Senter, MD

Originally delivered at the 35th Annual Staff Seminar

"New Concepts in Medicine" on Friday, 11/12/1999

At California Hospital Medical Center

In Memoriam...



Our beloved Kay L. Withers passed away on Monday, July 5, 2010 in Newport Beach, California. She was born to Leonard and Esther Lensar on August 30, 1941 in Sioux Falls, South Dakota and was the younger of 2 daughters. She grew up in Huron, South Dakota and later lived in Glendale, California. She attended Wilson Junior High and graduated from Glendale High School in 1959. During this time, she met her husband-to-be, John Withers, at a church event when she was 14 years old. After high school, she went on to California Hospital School of Nursing, and later attended Cal State Los Angeles to receive her BSN along with credentials in Public Health and Teaching.

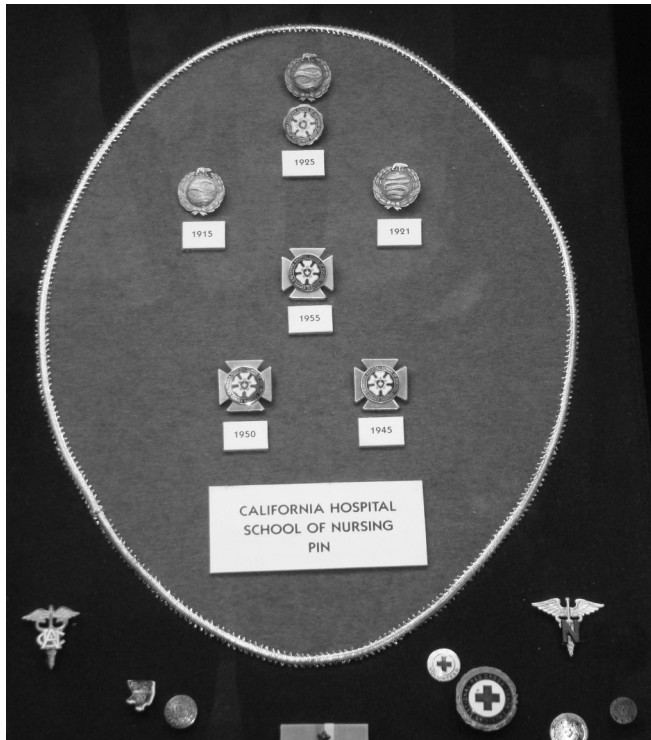
John and Kay were married on August 25, 1962 and had

2 daughters (Kristine and Kimberly), residing in Burbank and Glendale, California. Kay was very active in many charity groups, including the National Charity League, Las Candelas, and PEO.

Kay is survived by her husband John, daughters (Kristi and Kim), her sister (Karen), and 6 grandchildren (Kyle, Ryan, Cody, Brittany, Brooke, and Ronnie). She will be dearly missed.

Funeral services were held at Pacific View Memorial Chapel on Wednesday, July 14, 2010.

Sad news from Irene Gibson Munger, Class of 1968, who reports that after attending Homecoming 2010, her classmate Karen Coble Byczynski died in her sleep the following Wednesday. She had been suffering from Scleroderma yet had been able to attend a reunion for her Class of 1968 in a hotel in Santa Monica. Her classmates value that time together.



For information about NurseMADE donations, contact: Grace Mizuno (Director) at (310) 325-6568

2326 W. 236th Place

Torrance, CA 90501

gracemizuno1016@660online.net



For other questions, contact: Patti Healy (Director) at (310) 581-0048
558 Rialto Avenue, Venice, CA 90291 or mphealy8@hotmail.com

For questions regarding the Treasury, contact:
Cindy Westhafer (Treasurer) at (310) 216-1586

7050 Kittyhawk Avenue
Los Angeles, CA 90045

lwesthaf@ucla.edu

For questions regarding dues
and/or addresses, contact:

Elvy Gustafsson (Treasurer)
at (626) 281-4631

311 North Almansor Street
Alhambra, CA 91801

elvy@ibt.net



Questionnaire for the California Hospital School of Nursing Alumni Association: mail to the PO Box

Please take your time to answer each question. Use separate pages for more space. Print clearly or type your responses; they will be recorded in the California Hospital Digital Archive & posted on the Archive's website.

Name: _____ Maiden Name: _____

Graduation Year: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Grad year: _____

E-mail: _____

May we contact you for photographs or for an interview? Yes No

1. How old were you when you first thought about becoming a nurse? When did you definitely decide to become a nurse? What influenced this decision? (For example: a parent or teacher, fictional or real figure in history, a war, etc.).
2. How would you describe your background? Your parents? Did you come from an extended family or a smaller family unit?
3. What or who were your support systems prior to coming to CHSN? Did your support systems change?
4. What schools of nursing did you consider? Why did you choose California Hospital School of Nursing?
5. What do you recall of the application process? Who interviewed you? Was it an individual or group? One interviewer or more? Where was the interview held? What was it like?
6. What are your early memories of your first classes at the School of Nursing? Who were your first teachers? First impressions? What was California Hospital like when you arrived?
7. If applicable, what do you remember about moving into the dorm? Did you have a roommate? Was she someone you already knew? What was your first encounter like?
8. If applicable, what are some of your favorite memories of dormitory life? What social events stand out in your memory? Memories of study hours? Lock out? Housemothers?
9. What are some of your favorite memories of time spent in the Library? During study hours? After class? Doing research?
10. Where were you living before you came to California Hospital? If different from Southern California, what were your first impressions of the place?
11. What was downtown Los Angeles like when you arrived? Did any major events occur when you were at California Hospital? Refer to list below for examples of historic pivot points.

1941: The bombing of Pearl Harbor

1960-1974: Vietnam War

1942: The internment of Japanese Americans

1965: 5-year Delano Grape Strike

1943: Zoot Suit Riots

1965: Watts Riots

1944: End of WWII

1968: Assassination of RFK at Ambassador Hotel

1950: Korean Conflict

1969: Manson murders

1954: Opening of Disneyland

1973: Election of Tom Bradley, LA Mayor

1957: Dodgers come to LA

1984: LA hosts the Summer Olympics

12. What are your first memories of your early clinical experiences?
13. What are your memories of your capping ceremony?
14. What were your favorite classes in nursing school? Why?
15. What did you usually wear to school? Describe it?
16. Were there nurses or other hospital staff members who had a positive influence on you? Who were they?
17. What were your favorite floors to work on? Why? Least favorite? Why? What shifts did you like best? Least? Did you work for pay?
18. Who were your favorite patients to work with? Why? Can you remember any stories that illustrate This?
19. Who were your favorite doctors? Head nurses? Supervisors? Nursing instructors? Hospital administrators? Why? Can you remember any stories that illustrate why he or she was your favorite?
20. What are your memories of your Affiliations? What are they? Positive and negative? Be sure to Include specific information.
21. What do you remember about the cafeteria? Your favorites? Night lunch? Dorm food/snacks?
22. What do you remember about your graduation ceremony?
23. What was your first job in nursing after graduation? Was it in the area of nursing that most interested you? Did you remain in this area of nursing throughout your career?
24. What other areas of nursing did you pursue? What influenced your job/career changes?
25. If applicable, what college or school did you attend prior to and during your education at CHSN? Favorite classes? How did you commute to and from classes? If you drove, what kind of car did you have? Did you have any favorite teachers?
26. Did you pursue further education after graduation from CHSN? What degrees, certifications, etc, did you earn? From what colleges, universities, educational programs, etc?
27. Did you pursue a career (careers) other than nursing? What and why?
28. Have you received any form of recognition or acknowledgment apart from your nursing career? What were they associated with?
29. Did you join the military after graduation? Which branch? What was your rank at the time of discharge? Did you travel in the course of your service? If so, where? What are a few of your most memorable experiences while in the service?
30. What is the best thing about nursing to you?
31. What is the worst thing about nursing to you?
32. Why should we remember California Hospital School of Nursing?
33. Please include any other memories, experiences, or thoughts that you wish to share.

California Hospital School of Nursing
 Alumni Association
 PO Box 88585
 Los Angeles, CA 90009

****Return Service Requested****



CHSN Alumni Association: Merchandise Price List

Merchandise	Available Sizes (circle order)	Price/one	Price/two	Subtotal
Blue Sweatshirts w Gold CHSN Logo	L XL	\$15	\$25	
Blue Sweatshirts w Gold CHSN Logo	XXL XXXL	\$17	\$28	
White Polo Shirts w Blue CHSN Logo	L XL	\$15	\$25	
Tote Bags w CHSN Logo	N/A	\$10	N/A	
Fanny Pack w CHSN Logo	N/A	\$6	N/A	
Stainless Steel Travel Mug w CHSN Logo	N/A	\$10	N/A	
Wine/Burgundy Leather Planner/Organizer w embossed CHSN Logo	4" x 7"	\$12	N/A	
Navy blue Baseball Style Cap w Gold CHSN Logo	Adjustable	\$8	N/A	
CHSNAA Memory Cookbook	N/A	\$20	\$40	
Deck of Nursing History Cards	N/A	\$5	\$10	
Commemorative CHSN Display Brick	Variable Appearance	\$25 on site \$40 w S/H		

Shipping & Handling \$5, not including Brick (see pricing)

\$_____ S/H

Total \$_____

Make checks payable to
 CHSN Alumni Association

Please print legibly

Ship to:

Name _____

Address _____

City _____

State _____

Zip Code _____

Phone
 (_____) _____

Pickup arrangements must be made with
 CHSNAA Board member

Homecoming 2011 will be Saturday, April 9, 2011. Start planning now—reserve the day!

Honored Class for 2011: the Class of 1961 (50 years)

Other honorees: to be announced

Submissions for The Pulse may be sent to the PO Box or emailed to the Editor. Please include a CHSN identifier(s) in the email subject line/message if any attachment(s) enclosed.